#### **CPP Renewal Application**

### Record of Continuing Education Units (CEHs) Completion - Updated 2/17/2025



Please list a <u>minimum</u> of five (5) hours in Drug Pharmacology and/or Harm Reduction Education, a <u>minimum</u> of six (6) hours in Ethics Prevention-Specific Education, a <u>minimum</u> of 22 hours of Substance Use Prevention Education hours, a <u>minimum</u> of 22 hours in General Prevention Education and a <u>minimum</u> of five (5) hours in General Prevention Education - Equity. The total of all the <u>minimim</u> required hours equals the minimum of 60 hours in a three (3) year certification period.

NOTE: All of the <u>minimum</u> 60 hours must have been completed within the last three (3) years. Attach a proof of attendance (i.e., certificate, official letter verifying attendance on agency letterhead, official ranscripts with course content descriptions and number of credits for each education event. Keep a copy of this completed form and attachments for your records.

Name:		CPP Number:		Exp. Date:		Date Submitted:			
#	Title of Training/Event Where CEHs Were Obtained	Dates & Location	Attendance Verification C:Certificate O: Official Letter T: Transcript	Drug Pharmacology and/or Harm Reduction Education 5 CEHs	Ethics Prevention- Specific Education	Substance Use Prevention Education	General Prevention Education 22 CEHs	General Prevention Education Equity	Row Total
1									
2									
3									
4									
5									
6									
7									
8									
9									

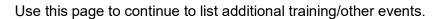
# Record of Continuing Education Units (CEHs) Prerequisites Completion – Page 2 (if applicable)

Use this page to continue to list additional training/other events.



								E 3	
#	Title of Training/Event Where CEHs Were Obtained	Dates & Location	Attendance Verification C:Certificate O: Official Letter T: Transcript	Drug Pharmacology and/or Harm Reduction Education 5 CEHs	Ethics Prevention- Specific Education	Substance Use Prevention Education	General Prevention Education	General Prevention Education Equity	Row Total
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
PAGE 2 SUBTOTALS									

## Record of Continuing Education Units (CEHs) Prerequisites Completion – Page 3 (if applicable)





#	Title of Training/Event Where CEHs Were Obtained	Dates & Location	Attendance Verification C:Certificate O: Official Letter T: Transcript	Drug Pharmacology and/or Harm Reduction Education 5 CEHs	Ethics Prevention- Specific Education	Substance Use Prevention Education	General Prevention Education	General Prevention Education Equity	Row Total
23									
24									
25									
26									
27									
28									
29									
30									
31									
32									
33									
34									
	PAGE 3 SUBTOTALS								

### Initial Prevention Professional (CPP) Prevention Educational Prerequisites Hours

### Record of Continuing Education Units (CEHs) Prerequisites Completion - Summary Page

NAME:		Date Submitted:						
PAGES	Drug Pharmacology and/or Harm Reduction Education (5 CEHs)	Ethics Prevention- Specific Education Hours (6 CEHs)	Substance Use Prevention Education Hours 22 CEHs)	General Prevention Education Hours (22 CEHs)	General Prevention Education Hours Equity (5 CEHs)	Row Totals		
Totals from Page 1								
Totals From Page 2 (If applicable)								
Totals from Page 3 (If applicable)								
Subtotals From All Pages								

I attest that I have completed all required Prevention Educational Prerequisite CEHs and completed the documents with accurate and up-to-date information. They have been uploaded to my personal folder on the PSCBW Google Drive for submission and review.

Signature:	Date:
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